Brian Pilecki & Brian Thompson ACT-Informed Exposure for Anxiety

Brian Pilecki: one of the interesting things about exposure therapy is that even though it's the gold standard treatment for anxiety panic disorder and O C D there's still a lot of room for growth, right?

And some more recent research has suggested that the mechanism that we thought was pivotal to exposure therapy. Which we identified as habituation may not actually be how it works. That might be more of the outcome, like a side effect and that maybe there's some other processes underneath it.

Jill Stoddard: That was Brian Pilecki and Brian Thompson on Psychologists Off the clock

Yael Schonbrun: We are three clinical psychologists here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships, work and health.

Debbie Sorensen: I'm Dr. Debbie Sorensen, practicing in Mile high Denver, Colorado, author of ACT Daily Journal, the Act Daily Card Deck, and the upcoming book ACT for Burnout.

Yael Schonbrun: I'm Dr. Yael Schonbrun, a Boston-based clinical psychologist, assistant professor at Brown University, and author of the book Work Parent Thrive.

Jill Stoddard: And from Coastal New England. I'm Dr. Jill Stoddard, author of Be Mighty, The Big Book of ACT Metaphors and the upcoming Imposter No More.

Debbie Sorensen: We hope you take what you learn here to build a rich and meaningful life.

Jill Stoddard: Thank you for listening to Psychologists Off the Clock.

I'm here with Debbie to introduce today's episode with Doctors Brian Pilecki and Brian Thompson. So we have two Brians, which can make things a little bit confusing, but hopefully not too much. And if you have ever been curious about

Exposure therapy, this is the episode for you. So you may have seen Exposure Therapy.

VH1 used to have a show called the O C D Project with David Tolan, who is a, a pretty world famous Ooc D expert. And it was all about exposure therapy. , And you know, exposure therapy, we talk in the episode about exactly what it is, but the sort of like easy way to think about it is that it's about facing your fear and sort of learning that when you face your fear, the terrible things you're afraid are gonna happen typically don't.

Or even if they do, they're not so bad and you can handle it. And so as therapists, this is like one of my. One of my most favorite parts of my job because it's where we get to be really creative and to challenge folks to face their fear in myriad ways. And Debbie, I'm wondering if you had any examples that you wanted to share in terms of your life with exposure therapy.

Debbie Sorensen: Yeah, I mean, first of all, I'll just say that I think that it's pretty important to have some type of exposure therapy component in there somehow, if you're working with anxiety, well, certain forms of anxiety, maybe more than others, but a lot of times if you're working with someone with a phobia or even with trauma or with some of the other anxiety conditions that really are, you know, tend to lead to avoidance, there really has to be some type of exposure work in there somehow, because if not, it's like you can talk about anxiety all day long and it doesn't do a whole lot of good. And so, and I think it's really, it is kind of interesting how people get creative doing exposure work.

Jill Stoddard: And even for listeners, if you have something you're kind of more mildly afraid of, like you don't have to have an anxiety quote unquote disorder to benefit from finding ways to face your fear,

Debbie Sorensen: Yeah, you know, I have a mild fear of heights and it doesn't get in the way too often because I don't really do things that where you have to jump off a bridge or anything like that. But I occasionally do, and I like to just play around with it. It's really not debilitating to me, but I challenged myself recently to jump off something high into the water, even though I really didn't want to.

And my kids were making fun of me cuz I was so, they were doing it no problem. And I was like, sheepishly approaching. But because I know that, you know, what I don't want it to do is hold me back in my life. But I think of a professor that I had when I was doing my clinical training, his name was Brian Ott and he taught our cognitive behavioral therapy for anxiety class.

And he showed us this video that was just so fun and interesting to watch where, cuz he did the hardcore exposure therapy, that was his bread and butter. So he would go driving around town with people with a driving phobia,

and he videotaped real clients and he would, they'd be in there, you know, he'd be telling them to drive near a semi on the highway and they're just, You know, the person's terrified, but they're laughing and he's literally doing therapy in the car with the person who's driving down the highway trying to increase their level of anxiety.

You know, like, oh no, I think that semi's getting really close and I mean, I was so stunned by it cuz I had, I was early in my clinical training, I had never seen a depiction of such outside the box therapy.

It's

Jill Stoddard: so funny you say that cuz this is my bread and butter too. Like this is how I was trained right from the beginning. And you're making me remember this time where a woman, a journalist named Lauren Slater, this was years ago, came to our clinic. So I did my training, it's called the Center for Anxiety and Related Disorders that at the time was run by David Barlow, who's a world-renowned anxiety expert.

And Lauren Slater came to do a piece I. I think it's in the New York Times magazine and we can link to it. I'm sure we can find it on Google. And it was all about exposure therapy and she titled this piece The Cruelest Cure, and was basically, you know, saying that like, oh, making people face their fear is cruel except for the fact that not only does it work, If you ask clients about it, they will say, it was hard, but I felt strong and empowered and free and liberated.

Like the words you hear from them is like, they would never say it was the cruelest cure. But here's the funny part. While the journalists and her photographers were at the clinic, she was filming some of these exposures that we were doing, and my colleague Laura was doing claustrophobia exposures with a client.

And of course the client gave permission to have his photo taken and laura had already done so many exposures in so many ways, she was getting stuck like, what do I do next? I need something harder than what I've already done, and I'm not sure what else to do. And I said, well, have you put him in a trunk of a car yet?

And she was like, Nope. That's what I'll do. And that's the picture that's on the cover of that story is a guy getting into the trunk of a car. Now, importantly, you never force someone to do something they are not willing to do. The client is always in charge of how much they do, how hard it is, you know, the pace, all of that.

So it truly is not cruel. It is a collaborative kind of treatment. But I think out in the world it can have, it's very sensational, right? Like some of the ways like driving near a semi and getting in a trunk, but it works. And patients actually who complete treatment, like it.

Debbie Sorensen: Yeah, and there are other forms of this. So just in my practice, a couple things I've done. One is some, like in the moment exposure, like when people are feeling anxiety in this session. Like, let's tune into it. Let's sit down with it, let's let it be here. Be present with the anxiety. That's like a low level exposure.

I often do trauma related work, and I do written exposure therapy where they write about the trauma or other forms of trauma related exposure work. And I often have my clients do things between sessions you know, I'm not there with them, but maybe they're, they have a flying phobia, so it's like, okay, go work on this, on this flight you're taking this weekend, or go talk to a barista at the cafe and strike up a conversation if they have social phobia or something. Or it'll assign a little exposure work and then they come back and we talk about it and sometimes they choose not to do it. That's okay. but there's so many ways you can do it in and out of the session

Jill Stoddard: Well, yeah, and I think what's important is that the exposure isn't actually to the stimulus. The exposure is to the feeling. And so if, if so, like anything that you confront that causes you to feel fear or anxiety or whatever it is, you're doing a exposure. So I think that's a really good point. Even if you're just in session mindfully practicing willingness towards some feeling of anxiety that comes up in that moment, that's exposure. And so I think for listeners who are interested in practicing that, it's really about like finding something that helps to kind of trigger, the discomfort that you typically avoid, and then really sitting with that discomfort without avoiding in a really willing, open way, you're really doing exposure.

And we talk about that in, you know, much more detail in the rest of the episode. So we hope you learn a lot from this episode on ACT Informed Exposure for Anxiety.

Jill Stoddard: Hey everybody, it's Jill here, and I have two guests with me today to talk about two of my favorite topics in psychology, anxiety and acceptance and commitment therapy. So I have Dr. Brian Thompson, who is a licensed psychologist and director of the anxiety Clinic at the Portland Psychotherapy Clinic Research and Training Center in Portland, Oregon.

He completed his doctorate at the University of Montana and specializes in working with anxiety and O C D using Acceptance and Commitment Therapy and Exposure Therapy, and he has published and offers trainings in these areas. I also have Dr. Brian Pilecki, who is a clinical psychologist who specializes in the treatment of anxiety disorders and psychedelic assisted therapy.

He practices from an orientation based in acceptance and commitment therapy and draws on his extensive experience with mindfulness and meditation. Brian is an active researcher and also co-hosts his own podcast called Altered States of Context that focuses on the therapeutic use of psychedelics. ,

And Brian and Brian together with Joanne Chan co-authored the book Act Informed Exposure for Anxiety, creating Effective, innovative, and Values-Based Exposure is using Acceptance and Commitment therapy, which we will be talking about today.. So Brian and Brian, welcome to Psychologists Off the clock.

Brian Thompson: Yeah. Thank you for having us.

Brian Pilecki: us

Jill Stoddard: you got it. So, uh, Brian Pilecki is a return guest. He was here with us with Nate Gaines to talk about psychedelic assisted therapy. But this is Brian Thompson's first time on Psychologist Off the clock. And to start, I wanted to say, I read, so Steve Hayes, who's the developer of act, wrote the Forward for your book, and

he wrote, this is quote, simply the best book available on this topic, end quote. And I thought, wow, that is like, Quite a ringing endorsement. So congratulations. And I agree. I think it's a phenomenal book and you guys did a really nice job. I think especially you delve pretty deeply into the relational frame theory behind acceptance and commitment therapy, as well as functional

contextualism in a way that's like very accessible and reader friendly, which is a hard thing to do.

And I don't think a lot of other books have been able to do that. So I I really appreciated that part of it.

Brian Pilecki: That's great to hear. Yeah.

Jill Stoddard: Okay.

Well let's jump in. I thought what we could start with, um, there are gonna be some listeners who already know what this is, but probably not everyone. So could one of you just sort of briefly tell listeners what is traditional exposure therapy?

Brian Thompson: So traditional exposure therapy has been around for a number of decades, and over time there have been different models developed to explain how it works. But generally, most definitions of traditional exposure include something about sort of a systematic.

Contact with stimuli that one usually avoids. Some of your listeners may have seen, there have been some reality shows on exposure therapy. Somebody's afraid of dogs. They might be in a graduated fashion exposed to a dog. Maybe they look at pictures of dogs or have a dog come, come closer. And so, sort of traditionally, you stay in contact with something that you typically avoid.

And in the focus in traditional exposure. And when we talk about traditional exposure, you grow often and talk, talking about exposure based on what's called the emotional processing theory, where the idea is if you stay in contact with something until your anxiety discomfort drop down, that it helps to, uh, promote new learning.

And so the focus on traditional exposure is on symptom reduction.

Jill Stoddard: I think I've told this story on the podcast before, but I think you guys will get a kick out of it. When we had a, um, parent teacher conference with my son, eight years old. It was like his second grade parent teacher conference and he happened to be there and his teacher was talking about what a great vocabulary he has and that she knew exactly what his mother did for a living because of his vocabulary.

And my son said to her, oh, why? Because I say habituation. And she said, yes, that is exactly how we knew that. So that emotional processing piece where people habituate over time when they face their fear, that was something even, even my little eight year old son knew about. And so act informed exposure therapy and traditional exposure certainly share some similarities. But there are certainly some differences both in terms of theory and practice.

But before we get into that, you know, if we look at research comparing the efficacy, right, if we compare traditional exposure to act, they're essentially equally effective. And so I'm wondering if you guys could talk a little bit about what is it that ACT adds? Like what's the the rationale for why we would wanna do ACT informed exposure therapy over traditional exposure therapy.

Brian Thompson: I actually struggled with that question in writing the book in that here you have this treatment, you have traditional exposure. It offer something that clients want to hear, symptom reduction. So how do you make a case for something that's newer that, as you said, Jill, on at least on primary outcomes, tends to be as effective, um, but not necessarily more effective than, than the the older model?

I think with, with actin informed exposure, there's some evidence it helps with co-occurring mood disorders, depression things like that. But for the most part, they seem to perform about the same. And in sort of writing this book, I really tried to think through the lens of, you know, how would someone who's trained in traditional exposure approach this, that I didn't necessarily want to write this for an ACT audience.

One thing and something in sort of working with ACT informed exposure over a number of years is something I've kind of gradually become come to appreciate in different ways is there's a lot going on in exposure, and I feel that ACT has a vocabulary to describe and talk about things in exposure.

For example, in traditional exposure, the idea of acceptance is important. That if somebody sort of tenses up, tries to get through an exposure, we know that that can interfere with the learning associated with the exposure. And so acceptance is, Vitally important in traditional exposure. However, they don't necessarily have a vocabulary to, to talk about it.

Whereas in ACT there's a number of metaphors, experiential exercises and ways of talking about acceptance. Um, and, you know, other things as well, there's in, in Act kinda diffusion from thoughts, sort of getting distance from thoughts. And so without kind of going into the, the vocabulary, I feel like ACT has a way

of talking about exposure in a more granular way in order to see things that show up really in any form of exposure.

Jill Stoddard: Yeah. And that then becomes, you know, I think we're act as a trans diagnostic treatment. It becomes a vocabulary that, you know, maybe you're in therapy because you have a spider phobia or a panic disorder, but then you get in a fight with your partner and you're really struggling or you experience a death, or any number of things that can come up in this challenging life of ours.

And if you've done actin informed exposure therapy, you have this treatment that really can very easily be applied to anything that shows up when the ultimate goal really is just psychological flexibility. Right. Brian? Dr. Peck, we'll have to differentiate between you two. Brian's. So I'm gonna, we don't usually get real formal on the podcast, but this might have to be the way that I differentiate.

Dr. Pilecki, did you have anything that you wanted to add?

Brian Pilecki: Yeah, a tone that we really try to go for in the book and, and that I try to live out in my professional life is, you know, one of cooperation with other therapy traditions. So the book is not a, we're not asserting the superiority of act. And in fact, act and traditional exposure, traditional C B T have more in common than they might have different from each other.

And that might be a surprise to some of your listeners to learn that therapist, just like other people can be dogmatic at times too. And so we try to highlight things that traditional exposure and act have in common. And then of course, Brian and I are biased and believe that, you know, ACT has some things to offer.

And one of the interesting things about exposure therapy is that even though it's the gold standard treatment for anxiety panic disorder and O C D and the evidence is very strong that it, it's helpful, there's still a lot of room for growth, right?

There's still a lot of people who it doesn't work for. And some more recent research has suggested that the mechanism that we thought was pivotal to exposure therapy. Which we identified as habituation may not actually be how it works. That might be more of the outcome, like a side effect that, and that maybe there's some other processes underneath it.

Um, so in the last, you know, couple of decades, there's been more of an opening to bring in newer theories and perspectives to try to enhance exposure and, you know, just continue to increase its effectiveness.

Jill Stoddard: I've loved to see that, that cooperation. You know that not that my camp is right, your camp is wrong. I mean, and it's funny, I even noticed in the, in the book you cite, so some of the early detractors or maybe skeptics, Um, when ACT First came around, included Stefan Hoffman and you cited several of his articles as like, maybe ACT isn't really any different from C B T and now he is one of the bigger proponents of ACT and the processes that underlie ACT and C B T and what are the mechanisms, the processes and of course, you know, has written a book about process-based therapy with Steve Hayes.

And I just, I think y you're right, we still have a long way to go. We don't have a single treatment that quote unquote cures a hundred percent of the people a hundred percent of the way a hundred percent of the time. And the more we can come together to say like, what is the best science, tell us, what do we know and how can we really put these elements together to get the most robust outcomes for people who are suffering?

You know, it's so much more important than standing in that dogma saying, you know, my way is my way is the right way. And I think you did a wonderful job really talking about that and explaining that in the book.

Brian Thompson: I did kind of add to to what you said there, Jill, you mentioned process-based therapy. You know, I think act. Is one paper I read is considered kind of a rudimentary process-based therapy, so I also think that learning act informed exposure is also a stepping stone towards a more, you also use the word trans diagnostic towards kind of offering a more process-based trans diagnostic treatment that's not kind of bound by, uh, a single diagnosis or, or syndrome.

Jill Stoddard: Right. I mean, it's impossible to train all the therapists with a different manual for every single problem a person might have. And then if you have three different diagnoses, which, you know, we could have a whole episode about how real a diagnosis is, right?

You know, then what do you do? Three different manuals in, in what order? And I mean, it just becomes kind of an impossible trap. And I actually just did an an act training at Rutgers for their counseling and psych services. And one of the things I like to highlight, you know this comes from my own experience of

getting training and then not using it because I just feel overwhelmed and like I'm not expert enough and I don't really know what I'm doing.

And one of the things I try to share with new ACT therapists is as long as you are building psychological flexibility, you are doing act and right. And so like if you are doing exposure therapy that is aimed at building psychological flexibility, then you're already well on your way to doing ACT informed exposure therapy.

So actually maybe before we move on, we've certainly defined psychological flexibility in some episodes somewhere, but it's probably been a while. So maybe for listeners who have forgotten what this means or who are newer listeners, um, would one of you just define psychological flexibility for us?

Brian Pilecki: Sure. I'll take a stab. It always sounds so simple when I say it. Uh, psychological flexibility is in the present moment with what's actually happening doing what matters. That's like the simplest definition. And, and, and I always u usually then add after that. Like our default is we're not always doing that.

In fact, a lot of the time we're reacting to how we're feeling. We're, we're trying to control how things go. We are trying to maximize, you know, positive emotions and minimize. Negative emotions. And, and so the idea with psychological flexibility is that it's really behaviorally focused and that we're paying attention to each unique circumstance and trying to be attuned to what is called for and to show up and to respond in our behaviors, in our actions, uh, in a way that's consistent with who we wanna be and what's most important to us.

Jill Stoddard: Yeah. And it is simple. You're right, but, but it's not easy because we tend to default to that comfort zone, right? If something feels scary and risky and the stakes feel high because we care about it, then it can be, it can be hard to put ourselves in that place and be psychologically flexible.

But I think the fact that that definition is so simple is, I hope a way to get newer people who are newer to the ACT model more willing to kind of dive in and try it because you really don't have to learn a whole entire manual. Now, of course, in trainings, I still get those questions of like, yeah, but like, what do I do in session one?

You know, and like, what, what exactly do I say? And I think that's us being a little bit inflexible because it's, it's uncomfortable to have a certain level of uncertainty around what we're doing. But if we can, you know, facilitate getting

people to get comfortable being uncomfortable so that they're living a life in accord with their values, then you know, we're, we're doing act.

Brian Thompson: And I

Jill Stoddard: think

the other thing that I love about ACT informed ex exposure and, and maybe in traditional exposure, they've kind of started doing this a little bit more too, but really is that connection to values that like, we're not just doing exposure for the sake of exposure. But because there's this larger purpose, like you just said, Brian, of living life in line with values, and I, right before this interview, I actually just finished doing some act informed exposure with a client where some of the exposures we were doing were simply about willingness practices towards certain internal experiences.

So we were watching, um, jump scare movie clips, right? So like practicing willingness toward that feeling of like startle in fear. But then we transitioned to him playing the guitar and singing, and this is something that activates his panic. And so he'd been avoiding singing even though music is something that's really important to him.

So I think both of these exposures were beneficial to him. But there was like a spirit, like a feeling to this music exposure. There was like a heart and a soul to it that you could just see. It was just more meaningful for him.

Brian Thompson: And as we're talking, Jill, I realize we define traditional exposure, but we didn't necessarily define exposure in ACT context.

Jill Stoddard: Let's do that.

Brian Thompson: you know, I think what you described there is an nice illustration that exposure in is in an act context is a way to practice strengthening psychological flexibility of being able to engage in new behaviors, in context, that narrow behavior.

So, and from an app perspective, those contexts tend to be internal experiences, thoughts, feelings, and bodily sensations that show up. For example , what sort of things do you, um, narrow your client's behavior when he plays guitar?

Jill Stoddard: It's the physical sensation. So singing causes him to feel out of breath, which then triggers some of that more cascading, panicky type

sensations. I can't catch my breath, and then maybe I feel a little bit shaky or he notices his heart beating faster, and so it's the desire to avoid those physiological sensations that then he either stops singing halfway or doesn't sing at all.

Brian Thompson: I think, you know, the beauty of exposure is, you know, working with him, you create those conditions that, that narrow the behavior, that bring up those sensations that he struggles with so that he can practice expanding behaviors while experiencing those sensations.

Jill Stoddard: Yeah, exactly. Yeah. I like to tell clients this isn't no pain, no gain therapy, right? It's not like, it's not just about like feeling pain for the sake of feeling pain, but for this larger behavior repertoire expanding kind of goal.

Let's talk a little bit about rule governed behavior. So in ACT we talk a lot about wanting to undermine rule governed behavior. So talk to us about how people who struggle with anxiety and anxiety disorders may get caught up in rule governed behavior.

And then how act informed exposure works to undermine some of those rule governed behaviors.

Brian Thompson: We all operate according to these assumptions of how the world works, and those can be useful. Uh, if somebody says, don't drink that, that's poison. Then we can say, okay, I shouldn't drink that. We don't have

to. We don't have, yeah, we don't have to

Jill Stoddard: live.

Brian Thompson: Through, Through, that experience. But rural governed be behavior can get us in trouble when it keeps us out of contact with sort of the consequences of our actions. You know, maybe that drink labeled poison is actually not poison. Maybe it's something really delicious, but we avoid it through the rest of our lives. Or, you know, I think what also happens is, and this comes up a lot with anxiety, is we try things that don't work over and over again expecting them to work.

Um, trying to rationalize or dispute worries or fears or engaging in internet research, even though it tends to make the anxiety worse. And so, you know, with act informed exposure, it allows us to kind of, kind of bring up those things. And, and I think this is where the repetition comes in because with, with

the repetition, when you have some sense of what's going to happen, you're kinda like watching a, a movie multiple times.

At first you're sort of maybe even sort of fused with the story of the movie. But then once you know what happens, you can step back and see other things more, more clearly. And so, behind a lot of, maybe I'll talk about oc d you behind a lot of obsessions about fears of what's going to happen is kind of a more commonplace one of, oh, if I don't engage in the compulsion or if I don't engage in some sort of avoidance, my anxiety's gonna spiral outta control.

I'm gonna become overwhelmed. And so in staying in the exposure, people are able to step back and say, okay. You know, it's uncomfortable, but my, my anxiety is not spiraling out of control as I, I thought it was gonna be. I can actually stay with this or I can actually handle this.

And so I think through the repetition, they can sort of contact what's actually going on for them. They can contact their experience. They can notice thoughts, feelings, and bodily sensations versus, you know, what their mind. Says is going to happen. And if you did something once, it might happen so quickly, or it might be so intense that someone might kind of miss what's going on.

I think we all have the experience of doing something stressful and sort of doing it almost in a fugue and not really getting up in front of people. And then next thing you know, you're done and walking off and you barely remember what happens. What's sort of through repetition, you can then start to see what's going on more clearly and can start to see some through some of those verbal rules.

Jill Stoddard: Yeah, essentially the you, we think that new learning is

Brian Thompson: Mm-hmm.

Jill Stoddard: That these rules I used to have, if I speak in public or if I go up high, or if I am with a spider, then some bad thing will happen. The rule is this is dangerous, therefore I must avoid it. And when I avoid it, that actually works in the short term to make me feel better, but in the long term it's not working.

And so if I make direct contact, Then I learned through my experience that I don't need to follow these rules because this is not actually dangerous. I can handle it, et cetera. Does that, did I summarize what you were saying correctly? Does that sound right?

Brian Thompson: Yeah. Yeah, I think that's a good summary. I think that experience is the important part. A lot of people , with anxiety they have no shortage of people in their lives telling them that what they think is gonna happen is, is wrong, or that, you know, there's a remote chance of that happening or this or that.

But without that experience part, it's hard for the learning to take place. It's hard to really, really let that sink in, really absorb that.

Brian Pilecki: Yeah, and people with anxiety have a lot of rules and I could say that cuz I'm also a person with a lot of anxiety. And so, you know, the word rule may not resonate with some of your listeners. They might think, well I don't have any rules. It's just more like strong beliefs or these sorts of like programs that, you know, anxiety convinces us is the right way to live our lives.

And in some ways that's anxiety's job is to convince us to stay away from danger and to do things. So it's very convincing. And as much as people have rules, they often come to therapy looking for a rule as the solution. It's like, tell me what to do all the time, every time. And then I'll just do that from now on and then I won't have anxiety.

And that's not really how it works. And, and so the experience piece is so key. And, uh, helping people just get out of that whole paradigm of what is my mind telling me and what, you know, what is the rational thing? And more into the bodily five senses lived experience. And, you know, people will often say things like, oh, I didn't realize X about my anxiety, or, I, I didn't realize, you know, it wasn't as hard as I thought, or it was different than I thought it was going to be, because they never actually pushed themselves to try it.

Jill Stoddard: Yeah, so it's getting away from all of that languagey based stuff, whether it's rules or assumptions or predictions or judgements, and really letting repeated direct experience teach you something new about what your former rules and judgments and assumptions were.

Brian Thompson: And for some clients it can be a relief to be able to let go of those rules. Particularly with a lot of people, the anxiety, they, they're aware that a lot of things that they're doing are not working,

it feel like they should work and so it can be sort of liberating to say, oh, oh, trying to think my way out of the anxiety, oh, that that doesn't work.

It's not that I've not `been doing it right, or I've not been trying it hard enough that just, that just doesn't work for anyone

Jill Stoddard: And one of the strategies, we use an act to try to lead people a little bit to get to that place that you're talking about that, oh, all the stuff I'm doing. Maybe it's not working so well for me as like I used to think it was, we call that creative hopelessness. So do you guys wanna talk a little bit about what creative hopelessness is and how it's used to sort of set the stage for ACT informed exposure for anxiety?

Brian Pilecki: Sure. Yeah. So usually in the beginning of treatment, uh, I'll wanna spend a little time with a new client and really understand all the things they've tried to combat their anxiety or to deal with their anxiety and, you know, maybe write a list down and really try to understand which of them worked, to what degree, uh, were there side effects of them.

You know, people will say things like, oh, I tried meditation, which might sound like it's on the healthier side. They might say, I tried drinking, which is, you know, usually on the less healthy side has more consequence, negative consequences. And the idea is to help people really see what they're doing.

Probably, most of the time it's not, it's not even clear the strategy that they've been mounting and, and part of creative hopelessness is helping them see that most of those. Things that they've tried all have something in common, which is to get rid of or control their anxiety.

And often it doesn't take much for them to see that. And, and you know, it does, it's not a heavy lift to help people see that what they're doing isn't working. They know that they've called you to enter therapy. There's sort of an admission that I need help, I need a different perspective. And so it, it can be really helpful to just lay out very clearly what's been done and also help a client really feel any loss that's been associated with their experience with anxiety, the things they've given up, the things that they've had to say no to, the things they've regretted.

And not just in a cognitive way, but in an emotional way, because that pain can be such a, a strong motivator later to really experience like, man, I have not, this is not helpful what I've been doing. Which then creates an openness to try something that is, in most cases, drastically different.

Jill Stoddard: Right. And so it's not, you know, sometimes people new to act are like, why would you want your clients to be hopeless? We don't want them to be hopeless about their life. We want them to be hopeless about the strategies

that they've been using that make them feel better for very short term and temporarily, but that really in the long run have not been working.

And that that hopelessness will make them more willing to give up those unhelpful strategies to try something different, which is acceptance.

Brian Thompson: It's hard to find something that's going to work if you're still doing things that are not working.

Jill Stoddard: Yeah. You know, one thing that, that I like to make sure to say to clients is that like everything you're doing actually does work. It works. Or you wouldn't do it, right? I mean, like every single thing we do or don't do has a function. Like even procrastination works. We can all agree it's quote unquote bad, but it works or we wouldn't do it, right?

The moment you give yourself permission to put off that dreaded task, you get relief. And I f I feel like that's important to sort of validate, like, you know, cuz people come in feeling so bad, why do I keep doing this? I know procrastination is bad, or whatever their avoidance strategy is. Well because it works, it works or you wouldn't do it.

But then really looking at, but what is it costing you? In the long run. And, and what is it costing in terms of your values and the life you want and the person that you wanna be? And then also sort of taking that a step further that like, not all avoidance is bad. And sometimes, you know, if it doesn't have a cost, and sometimes I use silly examples that have nothing to do with whatever they're in therapy for.

So for example, I, I just gave this one at a training. Um, let's say it's pouring rain and you decide you wanna use an umbrella and it changes the way you feel, right? You're now no longer cold and wet. So technically that's an example of avoidance. Is it bad? And, you know, I always trick everybody cuz they're like, no, that's not bad.

But of course the answer is always, it depends, right? It depends. If you're walking down the street alone, there's probably no cost. But if you are at a Red Sox game, a crowded Red Sox game with people near you and it starts to rain and you have one of those gigantic umbrellas that you put up. You're now blocking a bunch of people's views and probably banging into the people next to you.

So if you care about your community and the way you treat other people, you know now this is coming at a cost that's related to your values. And so this may not be an optimal strategy in that context.

Brian Pilecki: Yes. Yeah. And that's the when, why I describe psychological flexibility that's being in contact with the present moment, like seeing clearly the big picture and it that highlights the idea that there are no rules, like there's not opening umbrella is, it's not always this or always that. It depends on what's happening.

Jill Stoddard: Yeah. Yeah. Now do you, so, so what I think a lot of newer act therapists worry about is like, but okay, so you do that creative hopelessness thing and like you hope that people see that all the strategies they're using to avoid their anxiety aren't really working very well and keeping them stuck in the long term.

But then how do you sell acceptance? Like now you have to say, okay, if you're not doing that anymore, that means you have to accept your, an anxiety. Do you have favorite, like metaphors or exercises or, or something that you've found to be a particularly effective way of kind of quote unquote selling exposure that isn't aimed at symptom reduction, but really about like, letting go of control and, and, practicing willingness or acceptance instead?

Brian Thompson: I guess, uh, one thing I talk about is developing a new relationship with something that when you have a, some sort of kind of fear response towards something that sort of, through exposure and through practicing acceptance, um, we can sort of cradle chart where you have the, you know, x equals threat.

So the thing that you're avoiding is some sort of threat, whatever that is, that, you know, if you stay in contact with it and you're able to be present with your experience, then you can develop new learning that it's not a threat. Or, I like to say maybe you're probably not the threat, cuz anxiety always wants certainty.

Um, but our, our anxiety tends to overestimate the danger of something.

Brian Pilecki: Yeah.

and I definitely lean on a new relationship, new experience of anxiety. I'll often say something which is sort of similar to that, um, I'll, I'll tell a client, you know, what I really want for you is for you to be able to make decisions in your

life based on what you want, not what your anxiety is telling you, what you can or can't do.

And usually that's a pretty easy sell. Clients are like, oh yes, sign me up for that. That would be great. Uh, so it's not, you know, acceptance is not the end of the road. It's acceptance and service of having a fuller life, having more values-based activities in, in one's life. And that's pretty easy to sell to most clients.

I think some clients don't resonate with that as much. There are some clients, you know, Brian and I talk about this in the book, that, you know, are living pretty full lives. They've got, you know, great situations. Um, it's just that anxiety is more of like a quality of life thing. So it's not really preventing them from doing anything big.

Um, so, you know, sometimes it's a little bit of a trickier sell, but I think most, most people can resonate with the idea of having greater flexibility and showing up in the way I want to.

Jill Stoddard: Yeah. I want the freedom to be in charge of my life, not my anxiety to be in charge of my life. Yeah. And it, and it does, you know, as we've said it, it's not always effective. I actually had a client once who, um, had a agoraphobia. Or was it a fear of heights? No, I think it was a agoraphobia that meant he, it was either a agoraphobia, fear of heights, but he couldn't get on elevators.

He was afraid to ride elevators. And he had done fairly well in therapy up to a certain point. And then ultimately like he did not really get better. He ended up dropping out of treatment and, but what we figured out before that happened is that there was like this secondary gain for him in terms of he was living at home and he didn't have a job and he didn't particularly wanna get a job and he was living in a major city where to go to interviews, he often would have to like go to the top of skyscrapers in elevators.

And he didn't really particularly want to be going to interviews at the top of skyscrapers in elevators because he didn't really particularly want to be going back to work. And I've thought of him often because at that time I was doing sort of just strict traditional exposure. And when I think back to that, I think.

Oh, if I had known more about ACT then and really could have talked to him about his values and what he did want out of his life, I feel like I would've, I might, might have been able to take that ball, you know, over the, what do you

call it in football, the final yard line. I can't think of what, you know what I'm saying?

Right. Like those, those final few, few yards that, that I, you know, I didn't understand the function of it until it was like kind of too late at that point. And I also feel like we could have made it about something else if I had had that, that values piece at the time. Now I know.

Brian Pilecki: Yeah. And, and

Jill Stoddard: So let's,

Brian Pilecki: I would just add quickly that, you know, I think Brian and I practice similarly and, you know, we, the three of us wrote this book really based on our own experience working with exposure. And I, you know, I think we've, we both see the value and I think Joanne's on the same page. We see the value in constructing exposures that are around values. Um, but that also can be an obstacle to treatment if, if you're too rigid about that. So we, we also see a value in just arbitrary practice where it may not be directly connected to a value, but usually there's some values that you can help a client identify in even something that feels arbitrary and not connected to something meaningful, like such as courage or authenticity or, you know, something like that.

So I think it's great to, to think about exposures that are linked to values, but there's also a role for more arbitrary exposures.

Jill Stoddard: Yeah, absolutely. You know the example I gave you of watching the scary movie clips, you know, there are no obvious values connected to watching scary movies. But there is the thing that you talked about just a minute ago, which is this overarching desire to be able to do anything in his life that isn't being directed by fear.

And so learning how to make space for fear gives him more space to be able to make choices that aren't, aren't based on fear. So it's a little bit, it's less directly connected to values than the music example, but it's like kind of more globally connected to his values.

Brian Thompson: I think it's important to see values and exposure as a two-way street. That I think it's common to think or talk about it is connecting values in order to engage in exposure. At the same time, I think in kind of doing exposure work, in expanding psychological flexibility, sort of clearing away

some of the clutter of fusion and avoidance, I think also allows people to contact values that, that people are often leaving, leading these very restricted lives.

And I've seen clients where it's almost like they just, something just kind of clicks and suddenly they're doing all these things that they weren't doing before as a result of doing exposure. Um, going back to school or getting involved in house projects.

Jill Stoddard: Yeah. Yeah, it's powerful stuff. I love it. So for our listeners who are therapists or our listeners who maybe are not therapists but interested in doing exposure therapy or maybe who have friends or family who might benefit from exposure, let's talk a little bit about kind of the nitty gritty of like, what does this look like

in action. So, you know, with traditional exposure, uh, typically there's like a fear and avoidance hierarchy where you make a list of different stimuli that you're going to confront. People write down a SUDS level the subjective units of distress score, like how scared they're gonna be when they confront these stimuli.

And then typically you sort of face the thing that that's the easiest and you kind of go up gradually. That's not the only way that it works, but that generally it's most accessible or acceptable to clients to kind of start a little bit easier and work their way up.

So how is ACT informed exposure similar or different in terms of the structure, the setup, you know, what you are doing during exposure? Like, are you talking, are you getting suds ratings throughout the exposure? Walk us through some of that.

Brian Thompson: That's a, That's a big question because I think. Act as a model, and there's not necessarily one way to do act. And that was kind of one reason why we made the book more process rather than protocol driven. We didn't want to say, oh, here's the one way you do act informed exposure. Uh, here are the things you track.

You know, I think some of the key things are you are creating context at that tend to narrow psychological flexibility in order to allow clients to practice expanding, strengthening psycho psychological flexibility, trying out new behaviors, you know, that could go in a graduated fashion or you might sort of skip steps or kind of focus on routes that are kind of more important to that client. I will say, as Brian mentioned, we wrote the book in the spirit of

cooperation and kinda my reading of some of the prolonged, uh, the prolonged exposure manual, moving from easier to harder is kinda less based in theory and more that it tends to be more palatable to the client.

I've found just personally that I think, you know, if, if you do an exposure that's too hard for a client, It sort of doesn't matter how much they value it, they're likely to get overwhelmed and sort of struggle with acceptance. So I think that, I think tracking acceptance or willingness in exposure is really important.

Um, otherwise I've, you know, I've, I've found, you know, if you take something that's too hard, you might have the client kind of working through it indefinitely, but if you kind of move it, I think of willingness or acceptance in, in act, it's sort of like a muscle that you can strengthen. If you kind of choose a sweet spot where they can practice it, then they strengthen that muscle, then you can move to things that are more difficult.

Additionally in act we try to kind of infuse values, you know, what, what feels important to them about doing this work, so it doesn't feel like a dry mechanical exercise. Would you add anything to that, Brian?

Brian Pilecki: With the, Addition of act. Like one of the things about exposure, I think where a lot of the creativity comes in, and when I supervise new therapists one of the most common questions is, what do I do during the exposure? What do I say? You know, and I was trained in the old fashioned way where you say nothing and every five minutes you've got a clipboard and you say, give me your number, and they give you the SUDS number.

Um, I think there's so much room for creativity and we talk about in the book how you can actually sometimes, you know, target certain processes like diffusion, like, uh, self context. And you know, you might try to target a particular process enact, and you never know if that's actually gonna be the target that gets strengthened.

Sometimes you target diffusion and the client shows evidence of strengthened acceptance, but I think there's a lot of room for, um, creativity and how, how we're responding to clients, how we set up the exposure, how we, what we do with them during it, um, how we debrief it with them, how we check in on their homework.

And that's for me in my own practice where I'll, I'll bring in a lot of the act, more traditional act concepts and metaphors, uh, in those sections.

Jill Stoddard: So can you give some examples of that? Cause I think, you know, this is exactly what I'm getting at, is like in the, in the sort of older way, it's asking for the suds ratings, right? How anxious are you? And the reason that that was developed initially was because we wanted to see evidence of habituation.

And if I'm remembering correctly, I think in the earliest version of Edna Foa exposure, it was like you, you're supposed to keep doing the exposure until the suds goes down by 50%. And we now know that whether people habituate or not is not a predictor of outcome. And so some ACT therapists don't ask for SUDS levels because habituation doesn't matter.

I ask for SUDS levels because I want to talk about it in the context of mindfulness. I want you to be paying attention to your experience of fear or anxiety or distress or discomfort, whatever it is you are experiencing in this moment. I want you to be aware of what that feels like, where you feel it and how intense it is, and whether that's changing over time, not because I care whether it goes up or down.

I mean, not that I don't care, but whether it goes up or down is not going to be impactful in terms of your outcome. But I want you to get good at noticing and observing that experience as a stepping stone to then also, you know, building that willingness muscle, like you said, Brian, in the context of exposure.

And so it sounds like you're doing this collaboratively, right? So it's not just, here's a list of things we're gonna do in order, but let's decide collaboratively maybe in terms of values, but what would be most useful. But Brian , can you talk a little bit about the way that you do weave some of these ACT concepts into exposure sessions?

Brian Pilecki: Sure. Like an example might be, you know, during an exposure I might ask a client to, you know, I might say, what is your mind telling you? Can you give me a play by play of the, of the broadcaster in your mind? What's the commentary? What's going on up there? Or I might ask about, um, what's happening in their body.

If I may be thinking more about present moment awareness, um, I might ask them in the middle of an exposure, like, why are we doing this? Why are you doing this right now? Why would you show up to my office and do this, like, really hard thing? Just to have them say out loud and remind themselves like, what's, what's in it for them?

I'm not always like targeting one process. I don't want to give that impression. I'm just kind of like describing it that way for the audience. But, you know, if sometimes if it's clear that a client might be stuck in one area, like they're very fused with their, the, the stories about anxiety, then yeah, I might, I might try a more diffusion oriented thing.

And I always remember what Steve Hayes said in a training I took with him years ago, which is a good act therapy, like Brian said, uh, you can do it many different ways, but one consistent thing is you wanna move around the hexa flex. If you wanna dislodge a piece of cork on the top of a wine bottle, you've gotta push on all the sides to get movement.

And so I try to, you know, keep it fresh, keep it interesting, not ask the same questions, because if, if the exposures get too predictable and routine, then clients, they're less likely to learn something new. They can come into it like prepared. So I try to keep, keep things kind of surprising and interesting for them so that they're not really ever sure what what might happen.

Jill Stoddard: Yeah. I love that. That's really cool. And for any newer listeners, or if the term HEXA Flex is not familiar, um, you know, this is really just a reference to the six core processes of act And for anyone who wants a deep dive on the six core processes, you can go to episode 77, which is actually an interview where I'm the guest.

So it's, it's a pretty old one. It was before I was a host. But you engage with these six core processes as a way to facilitate psychological flexibility. And so that's really what you're talking about is like building psychological flexibility in the context of these exposures and doing that by moving around through potentially, you know, not necessarily all of them, but some of the various, um, core processes

Brian Thompson: That is the focus. I think it frees you up with the time that in traditional exposure you're going for that 50% reduction in suds. Whereas an act, you know, if the goal is to just practice psychological flexibility, that could be in five minutes of an exposure or 10 minutes or 20 minutes, you're not having to stay in an exposure for an artificially long time trying to get a certain effect.

I think ACT really also allows for a lot of psych, uh, therapist flexibility in designing exposures and conducting exposures and being creative with exposure.

Jill Stoddard: Definitely. Are there some common pitfalls or obstacles that might show up either for the client or for the therapist in doing ACT informed exposure?

Brian Thompson: We, um, tried to write something that was very, Practical. I, I think we all had experiences of doing ACT informed exposure and having thoughts such as, am I doing this right or am I being a bad ACT therapist? And as such, you know, I saw the book as a chance to sort of explore the edges of the model.

So rather than present a sort of idealized, will you orient the client to act, they understand all the processes perfectly. You connect every single exposure exercise with values and they move towards exposure. I think we really wanted to explore kind of the different experiences clients may have. Um, I've had clients that complete treatment and I'm still not certain they quite understand acceptance or willingness.

Or sometimes I found myself trying to connect an exposure exercise with, with values, and I can see the client kind of nodding, like, I'll do the exposure exercise, but what is, what is this meaning you're talking about? And so I think sort of fusing with the idea of, oh, act informed exposure looks this certain way, I think can risk kind of grading therapist and flexibility.

And so that was one thing we tried to be really mindful of in the book. We, we tried to present really messy case examples of all sorts of stops and starts and barriers and client misunderstandings and, uh, just to sort of show okay, it's a, it's a, it's really a process of exploration of really getting into the weeds with the client, kind of sidling up next to them and helping them move towards what their, what their goals are.

Brian Pilecki: Yeah, it's like more the case than not the case that there's. It doesn't go smoothly. Uh, we try to normalize that, especially for younger therapists, that it is messy and there's usually some challenger pitfall or something that comes up whether it's a client who, uh, loses motivation in the middle, a client who has trouble, you know, completing homework.

A client who, uh, you know, suddenly kind of has a relapse of old control behaviors. You know, that's part of the work. And, there's, you know, an opportunity in each of these challenges. And w one thing we talked about is like really paying attention to what's happening. So being fully in contact with the present moment, as we talked about, as clinicians.

So to be curious like, huh, why is this client not showing evidence of increased flexibility? There's usually something in the context that, you know, might be, reinforcing the older control agenda,

Jill Stoddard: Right. Some function. Yeah. Yeah. I, I think I learned my best lesson as a therapist from one of my clients, which was, this was when I was a brand new, you know, first year practicum student, I think. And this was a client, um, who came to treatment for social anxiety. And he was out doing an exposure and he had gotten kind of like to the top of this hierarchy.

We were doing traditional exposure at the time, and it was, um, asking a woman for her number. And he did that on public transportation. And he, he came into session and he said, and you know, part of what we hope happens in terms of new learning is this thing your mind tells you, this bad thing you think is gonna happen usually doesn't happen.

And then there's a second part to that that I had sort of forgotten in the moment that he taught me, which was he came to session and said, well, I did it. I asked a girl for her number and she gave it to me and the outcome was even worse than I ever could have imagined. And I was like, oh my gosh, what happened?

Not only so she gave me her number, but then when I called her, it wasn't her number, someone else answered, but they were with all her friends and they were all there laughing at me. So it was humiliating for him. And when I tell you that I have never been more panicked, uh, than I was in that moment as a brand new therapist, I was like, oh my God, I don't, I dunno what to do with this.

The worst thing hap not the worst, not, it wasn't even his biggest fear. It was worse than his biggest fear. What am I supposed to do with that? And thankfully, he jumped in and rescued me and learned the second half. Which is even if the bad thing happens, it's not usually as bad as you think it's gonna be and you can cope with it.

And going back to what we were seeing about experience, he got that because that's what he experienced. He just thought, God, these people are jerks. Like why have I been living my entire life trying to avoid something like this happening? Because when it happened, I just realized like, this isn't a me problem.

This is a them problem and this is so not worth doing. And it is a moment I will never, ever, ever forget that I am so grateful for that he learned through

experience the lesson that he needed to learn, doing exposure. And then he taught me a lesson that I clearly needed to learn as the therapist.

And then I had another client who was doing interceptive exposure. So she had panic attacks and she was spinning around and you know, deliberately bringing on the symptoms of panic. And she said, I think I'm gonna throw up and I was kind of like, you know, are you really gonna throw up? Or is that just your fear, what your mind is telling you?

She's like, Nope, I'm gonna throw up. And she did. She did throw up and I said to her, you know, you're probably gonna think I'm weird, but I think this is the best thing that ever could have happened to you. And she just nodded and was like, yep, cuz this was my worst fear come true. And it really wasn't that bad.

And I'm fine. You know? So I just, I mean, I love exposure. I just find it to be such a powerful, experiential way for people to learn to let go of these old rules that aren't serving them and, and to really be able to interact with their environment in a different way that really frees them up to, to live wholly. And Brian, I loved that you got the experience of doing Brian Alecky got the experience of doing exposure as a little boy who had developed a bee phobia. And I love that you start the book with that story and weave that, that story throughout. And the book is really tremendous.

I think you did such an amazing job of writing something that is both useful for people who are already seasoned to act clinicians, um, as well as people who really maybe have more of a background in traditional C B T and exposure and really want to learn how to kind of actify the practices that they're already doing.

You just, you did a really, really, really nice job. I think it's such a useful resource and I really encourage people to pick up the book.

So if people wanna learn more about you, where can they find you two?

Brian Thompson: I guess you can go to our profiles on portland psychotherapy.com and our training page Portland Psychotherapy training, Dot com.

Jill Stoddard: Great. Well, we will make sure that we get that link into the show notes, so if people wanna learn more, they can find you there. But thank you both so much for joining me. This was a really fun conversation and I appreciate you being here today.

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